



**Your body is perfect
by nature**

And you're in charge of it

No one has the right to remove parts of another person's body

www.nkvts.no

This leaflet is devised by the
Norwegian Centre for Violence and
Traumatic Stress Studies (NKVTS)

The leaflet can be accessed and down-
loaded at www.nkvts.no

Printed copies are available for order by
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and by phone +47 22 59 55 00

In connection with the Government's
Action Plan for Combating Female
Genital Mutilation, NKVTS was asked
to set up a national centre of expertise
on combating genital mutilation.

NKVTS is mandated to conduct re-
search relating to genital mutilation,
provide relevant advice and information
to experts and professionals in the field.

You can reach us by calling
+47 22 59 55 00

If you want to read more, visit the web-
site www.nkvts.no

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Your body belongs to you

No one has a right to hurt your body. It's yours, and you're in charge of it. When you're a baby, infant or adolescent, you depend on adults around you understanding this.

Some girls feel the pressure of family wishes and expectations. The family may think that unless the girls genitals are changed, their honour and respect will be in jeopardy. If this depicts your situation, you need to know that Norway has adopted a law to protect you.

You have a right to be protected from harm. If a part of your body is removed, you can never get it back.

When you become a mother yourself, you yourself need to realise that your daughter's body is perfect the way nature made it. Her genitals are part of a system where all parts are necessary to lead a good life.

If you need to talk to someone, or need help, you'll find contact information at the end of the leaflet.

Your body's perfect the way nature made it



Genital mutilation endangers your health

Genital mutilation is a traditional procedure which alters and removes the external female genitalia. How invasive the procedure is depends on the circumstances and varies widely. It tends to be performed on girls between the ages of 5 and 14, but occasionally even on new-born babies as well.

Genital mutilation is also known as “circumcision”, “sunna”, and there are other names in use. Genital mutilation of girls carries a much higher risk and is far more invasive than circumcising boys. The two procedures are not equivalent, in other words.

Norway bans all forms of genital mutilation. It doesn't matter whether a lot is removed or only a little, it's just as illegal. There is no good reason to alter the genitalia of healthy girls.

Genital mutilation puts the health of the girl or woman at risk, possibly causing life-long harm. It is forbidden in most countries. Norway has signed up to international conventions, and committed itself to eliminating traditions that endanger people's health and well-being. We also have a special law banning genital mutilation. It was adopted to protect girls growing up in Norway from such procedures.

Young people may find it hard to talk about genital mutilation because there's such a strong taboo. Girls who have not been cut may also want to learn more about the tradition. They may be worried that sisters or friends are at risk and want to know more. This leaflet tells you

- what genital mutilation is
- ideas about genital mutilation
- how nature intended the body to be
- health risks from genital mutilation
- the law banning genital mutilation in Norway
- where you can go to get help



Ideas about genital mutilation

People who practise genital mutilation have different explanations for why they believe it is necessary. Here, we address some of the most widespread notions.

Genital mutilation protects the girl's sexual morality

Genital mutilation does not reduce sexual desire because the desire for sex is also in the mind and imagination. Genital mutilation does not prevent pre-marital sex and does not prevent infidelity. It's no harder to be sexually virtuous and faithful when the genitalia have not been changed. Refraining from sexual relations before or outside marriage is a question of attitudes and values.

Genital mutilation is an old tradition, and everybody does it. To avoid being different, girls' genitalia should be cut.

The majority of the world's population does without genital mutilation. Information on the harmful effects has led increasing numbers to criticise and condemn the procedure. Also in societies where it used to be prevalent.

“But we're only going to take a snippet”

Many only want to take a “snippet” of the girl's external genitalia, a procedure often called “sunna”. But even the removal of a “snippet” can result in major injury. That is another reason

why all such procedures, however seemingly negligible, are banned. So why remove anything at all knowing that it is harmful and unnecessary? Some parents claim that only a small area was removed, when the opposite is in fact the case. Some practitioners remove the clitoris and labia minora (the labia are the “lips” surrounding the vagina), and still protest that they only took a “snippet”. In these latter cases, the parents and the girls are both deceived because the procedure is far more invasive than they thought or wanted.

Uncut women won't find a husband

Many men from countries where FGM is practised understand how harmful it is. They do not want their wife to have their genitals cut. Women who are not genitally cut are less likely to develop problems with their health and enjoy greater reciprocity and pleasure in the relationship. And girls and women have a right to respect whether they are genitally cut or not.

Genital mutilation is required by religion

No religion requires the genital mutilation of girls and women. On the con-

trary, many religions advise us not to do damage to nature. Some Muslims believe Islam supports female genital mutilation. But most Muslims do not practice the custom.

It is right to obey your parents and tradition

Harmful customs must be combated.

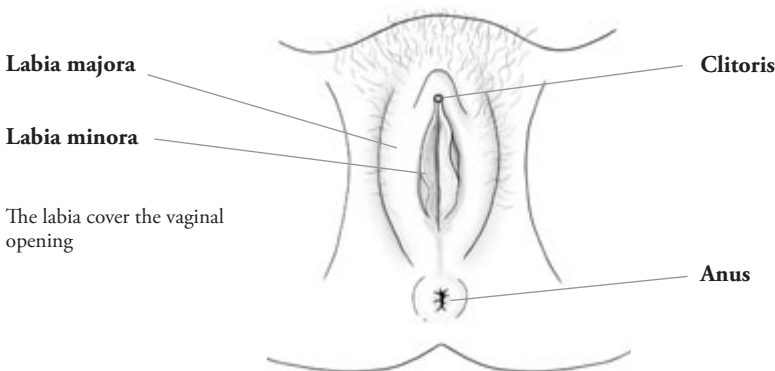
Female genital mutilation is harmful and illegal. If your parents want to have you cut, even if it's because they love you, you have a legal right to refuse. You can get help to resist: see the details at the end of the leaflet.



How the body is put together

Natural female sexual organs

It is not necessary to close the female genitalia because nature has already done so. The female sexual organs have specific functions and the body is optimally equipped. Cutting the female genitalia harms the body's natural ability to perform these functions.



The clitoris, vaginal opening and urethral opening are fully visible only when the labia are drawn

Clitoris

Highly innervated organ and erogenous zone. Most of the clitoris lies hidden inside the body. Only the head or glans is visible. It is about half the size of a pea

Urethral opening

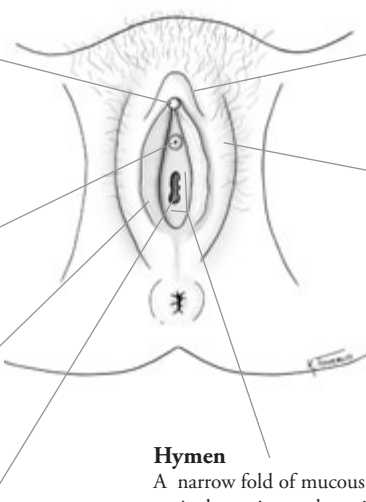
The urethral opening lies directly in front of the vaginal opening

Labia minora and majora

Cover and protect the vagina and urethra

Vaginal opening

The vagina and vaginal opening are pliable and can be stretched in connection with childbirth, for example



Clitoral hood

Covers and protects the head of the clitoris

Labia majora

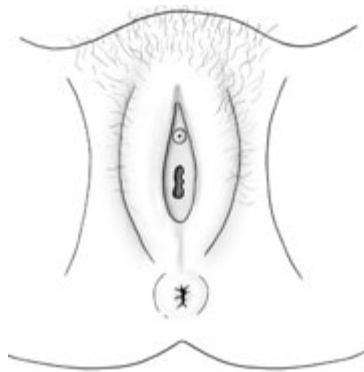
Provide additional protection for the labia minora and other areas. Normally the vaginal opening and urethral opening are covered by the labia minora and labia majora

Types of female genital mutilation

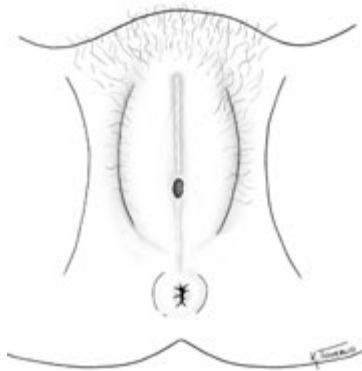
This classification of female genital mutilation is based on the World Health Organisation's typology. In the real world, the different types will merge into one another and often overlap

Type I: Clitoridectomy: partial or total removal of the clitoris. Sometimes difficult to ascertain

Type II: Excision: partial or total removal of the clitoris and the labia minora.



Type III: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris.



Type IV: Other: all other procedures that alter the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Impact on health

The type of complications and whether they occur at all depend on the type of procedure, age of the girl, and other factors such as the physical environment, standards of hygiene etc. Attitudes in the family, community and at the place of residence also play a role. Whether the procedure is performed at a hospital or traditionally, both are likely to cause complications. Some complications are short term or acute, others develop over the longer term and can be chronic.

Acute or short-term complications

- severe pain
- open sores and abscesses
- potentially fatal bleeding (haemorrhage)
- retention of urin due to swelling and injury to the urinary tract
- potentially fatal infections
- fractures and other injuries caused during the procedure by forcibly restraining the girl because of the intense pain



Long-term or chronic complications

- abdominal pains and persistent ache in the lower abdomen
- pain and contracting scar tissue may restrict movement and make it difficult to play and take part in sports
- pain and problems with menstrual blood building up in the vagina (following infibulation)
- pain and problems urinating, urine leaks and persistent bladder and urinary tract infections
- connective tissue tumours or cystic growths (fluid-filled sacs or vesicles) in the scar tissue
- fistula (abnormal connection or passageway between the bladder and vagina and/or anus) leading to faecal incontinence (loss of regular bowel control) and urinary incontinence (leakage of urine)
- the procedure can reduce sensitivity or lead to hypersensitivity, pain and discomfort during sexual intercourse
- problems conceiving; increased likelihood of ectopic pregnancy (when the fertilized egg develops outside the uterus)
- increased likelihood of complications during pregnancy and childbirth. In some cases, the life of both mother and child can be at risk
- loss of trust in primary care persons who forced one to do something against one's will or without warning
- events later in life may trigger intense fear by association with the procedure. Events include sexual activity, childbirth and gynaecological examination.

History and prevalence

No one knows exactly how or why the custom of female genital mutilation actually started. What we do know is that it has been around for several thousand years and pre-dates both Christianity and Islam.

FGM is practised by Muslims, Christians and other faith communities. All the same, most Muslims and most Christians in the world do not have their own daughters cut.

No religion or faith requires girls to be cut




Communities where FGM is practised are following age-old customs: FGM is an intrinsic part of the culture. In some societies, FGM is a way of controlling female sexuality. Ignorance, especially about the medical complications, explains why the custom persists. It is an old tradition, and the local community often exerts pressure to encourage the procedure.

The custom is widespread in a broad band of the African continent, but is also practised by peoples in the Middle East, Indonesia, Malaysia and India.

According to WHO, 130–140 million women and girls have undergone FGM globally, with about 3 million new cases every year. Types I, II and IV account for 90 per cent of this worldwide total. Type III accounts for the remaining 10 per cent or so. Type III is the predominant form in Norway, however, possibly because of higher rate of immigration from countries and communities where type III is the norm.



The map of the world shows where FGM is practised. Countries where the incidence is less than 20 per cent of the female population are not included.

-  Prevalent in 20–49 per cent of the female population
-  Prevalent in 50–79 per cent of the female population
-  Prevalent in 80+ per cent of the female population



What the law says

The Act Relating to the Prohibition of Female Genital Mutilation came into force in 1996 and prohibits all forms of genital mutilation. The Act has two parts. The first lays out the prohibition and the second the duty to avert or prevent female genital mutilation. The Act Relating to the Prohibition of Female Genital Mutilation applies whether the procedure is done in Norway or abroad. The Act aims to protect girls from genital mutilation.

The prohibition

If you are subjected to genital mutilation while living in Norway, and your parents could have prevented it, your parents will have committed an offence. Anyone practising FGM and anyone who conspires in its practice is liable to be punished. This means that parents, and others, cannot take you to a person to have the procedure done either in Norway or any other country. This applies whether you agree to be genitally mutilated or not.

§1

Any person who wilfully performs an operation on a woman's genitalia that damages the genitalia or inflicts upon them permanent changes shall be liable to punishment for female genital mutilation. The penalty is imprisonment for a term not exceeding three years, but not exceeding six years if the operation has resulted in sickness or incapacity to work of more than two weeks' duration, or if an incurable blemish, flaw or injury has been caused, and not exceeding eight years if the operation has resulted in death or serious injury to body or health. Accomplices shall be liable to the same penalty.

Reconstruction of female genital mutilation shall be punishable as stated in the first paragraph. Consent shall not justify exemption from punishment.

If the people you're staying with are not your parents, these guardians may nevertheless feel it's their duty to subject you to the procedure. They will insist that what they are doing is what they believe is expected of them. You should therefore be aware of the possible danger when you are staying with your grandparents, step-parents or others in connection with a holiday in the country where you or your parents originated.

It is an offence to re-close the vagina after it has been opened, that is, to suture or sew the labia together again after they were opened in connection with childbirth.



Duty to avert or prevent the procedure

The duty to avert or prevent the procedure places a duty on various employees in the public and private sector to attempt to avert or prevent genital mutilation from taking place.

If such employees learn that someone risks genital mutilation, they are required by law to attempt to avert or prevent the procedure, for instance by alerting the child welfare authorities or the police. This duty takes precedence over any duty of confidentiality.

§2

Professionals and employees in child care centres, the child welfare service, the health and social welfare service, schools, day care facilities for schoolchildren, and religious communities who wilfully fail to seek to avert, by formal complaint or in another manner, female genital mutilation, cf. section 1, shall be liable to fines or imprisonment for a term not exceeding one year. The same applies to elders or religious leaders of a religious community. The duty to avert such an act shall apply regardless of any duty of confidentiality. Failure to do so is not punishable if the female genital mutilation is not completed or does not constitute a punishable attempt.

It is a punishable offence to conspire in the genital mutilation of a person or to neglect to avert or prevent genital mutilation from taking place. It is not illegal to be genitally mutilated, however.

Duty to report information

Genital mutilation is a serious infringement of the duty of care. In addition to a duty to prevent genital mutilation, public and private employees have a statutory duty to report infringements of the duty of care (that is, child neglect) to the child welfare service. Situations can arise in which you yourself risk genital mutilation, or your sisters might be at risk, or you or your siblings may be suffering from post-procedure complications but are not getting necessary medical attention.

Provision of counselling services and voluntary health examination

From the autumn of 2009, selected municipalities will be offering all girls and women from countries where the prevalence of female genital mutilation is 30 per cent or higher a health examination. The service will be available to all during their first year in Norway.

Parents from these countries will be offered advice about female genital mutilation when their daughter(s) start school and begin in fifth grade. They will also be able to have their daughter health examined.

Girls in upper secondary school will have an opportunity to talk to a counsellor and take a voluntary health examination.

Before the examination, the parents or the girl herself must give written consent. Counselling and examination will become available all over the country in 2010.



For many, female genital mutilation remains a well-kept secret. Girls will often wonder about various aspects of FGM but might be afraid to ask friends and acquaintances. It's useful to know then that school nurses (helsesøster) and doctors know a great deal about the subject and are also sworn to secrecy. Voluntary organisations and government agencies can also help if you think you're at risk of being genitally mutilated. They can answer your questions without having to know your name or who you are.

You can get help from the following:

- Public health nurse or welfare teacher (sosiallærer) at your school or in the municipality where you live
- Your GP (fastlege) or any other medical doctor
- Red Cross helpline: call 815 55 201. You can call anonymously
- Child welfare services in your home municipality
- Police helpline: call 02800

Information on the web:

www.ung.no

www.seif.no

www.nkvts.no

Health regions (helseregioner):

There is a women's clinic (kvinneklinnikk) in every health region. These clinics are required to help girls and women who have undergone genital mutilation. They offer counselling, physical examination, treatment and reconstructive day-surgery. You can contact the clinics yourself or get a referral from a doctor, school nurse or midwife. They are sworn to secrecy and can find answers to your questions.

University Hospital in North Norway (UNN), Tromsø. Call 77 62 60 00 to talk to the gynaecological outpatient department, antenatal outpatient department or maternity ward

Haukeland University Hospital, Bergen. Call the hospital phone number 05300 and ask for the women's clinic (kvinneklinikken)

St Olav's Hospital, Trondheim. Call 72 57 12 12 for the women's clinic

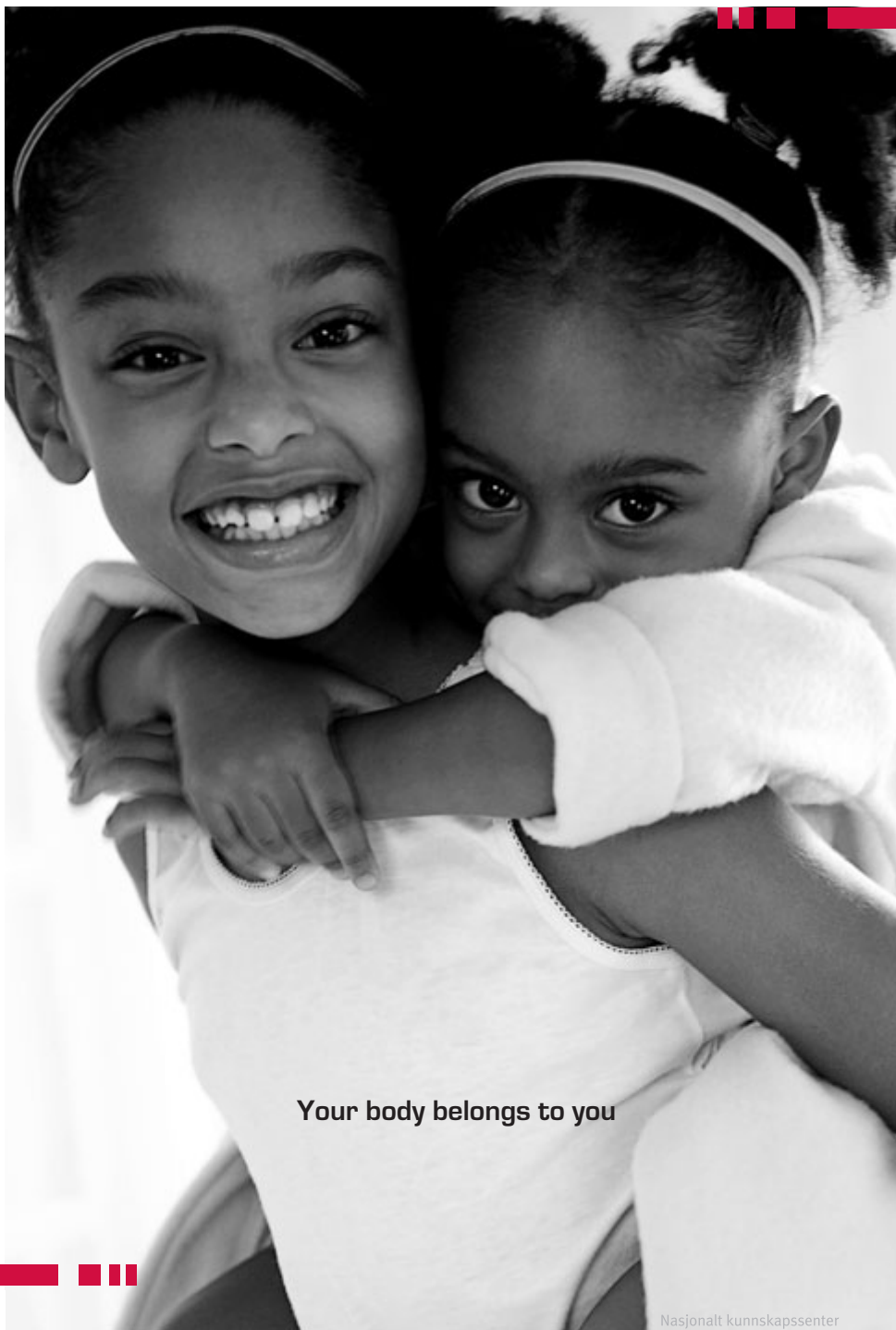
Stavanger University Hospital (SUS). Call 05151 for the women's clinic

Oslo University Hospital. The direct line to the women's clinic is 22 11 98 44, and counsellor Sara Kahsay, 93 89 89 03

Oslo University Hospital Rikshospitalet. Call the main hospital number 23 07 00 00 and ask for the women's clinic

Help the child to own itself





Your body belongs to you